STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445099	A. BUILDING _____ B. WING _____	07/31/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, ATHENS	1204 FRYE ST ATHENS, TN 37303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey and complaint investigation #31383 were completed at NHC Healthcare, Athens on July 31, 2013. No deficiencies were cited related to complaint investigation #31383 under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000	This plan is submitted as required under State and Federal Law. The submission of this plan does not constitute an admission on the part of NHC Healthcare, Athens as to the accuracy of the Surveyor's findings nor the conclusions drawn there from. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.	
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to include two residents (#31, #79) in the resident's care plan meetings of thirty-nine residents reviewed.	F 280	1. Residents #31 and #79 individual care plans have been reviewed with each resident. 2. After reviewing care plan meetings, no other residents were found to be affected by the same occurrence. 3. Residents will be notified at least 7 days prior to their scheduled care plan meeting with face to face contact by social services/ designee. Families will be notified at least 7 days prior to the scheduled care plan meeting by letter. Families that are unable to attend will be contacted by phone with a conference call for the care plan meeting according to family preference.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Hunter Hani	Administrator	8-12-13

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	Continued From page 1 The findings included: Resident #31 was admitted to the facility on August 29, 2012, with diagnoses including Altered Mental Status, Depression, Hypertension, Chronic Anemia, Recurrent Urinary Tract Infection, and Dementia with Sundowner's. Medical record review of a Quarterly Minimum Data Set (MDS) dated May 7, 2013, revealed the resident scored an 11 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the resident was moderately cognitively impaired. Medical record review of a Social Services note dated May 14, 2013, revealed "...Care Plan mtg (meeting): SW (Social Worker) attempted to reach pt's (patient's) daughter by phone with no success..." Medical record review of a Patient Care Plan Approval Form dated May 14, 2013, revealed "...3. If participation is by the legal representative rather than the patient, please check reasons why the patient did not participate:...b. level of confusion..." Observation and interview with the resident on July 29, 2013, at 3:40 p.m., in the resident's room revealed the resident was alert and oriented, and was able to fully participate in the Stage 1 resident interview without difficulty. Continued interview revealed the resident reported the resident had not been involved or invited to participate in care plan meetings. Interview with the Social Services Director and Social Worker #1 on July 31, 2013, at 10:38 a.m.,	F 280	All residents who are cognitively intact and able to make their needs known will be invited to the care plan meeting located in the center's conference room. Interdisciplinary Care plan meetings will take place in the resident's room if they are unable to ambulate or easily transfer to attend the meeting. 4. Care plan coordinator will provide a schedule of the monthly care plan meetings to the Administrator/ Social Services Director/ designee to ensure proper implementation of these guidelines are followed. Findings will be reported to the monthly QA meeting for 3 months attended by Administrator, DON, Social Services, Health Information, Dietary, environmental services and the Medical Director.	8/31/13

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F 280	Continued From page 2 in the Social Services Director's office revealed Social Worker #1 was responsible for inviting the resident and resident's family to participate in Care Plan meetings. Continued interview with Social Worker #1 revealed all residents are to be invited to participate in Care Plan meetings if the resident is cognitively intact and "...able to make their needs known..." Further interview with Social Worker #1 confirmed the resident was only moderately cognitively impaired and was able to make needs known. Continued interview confirmed the facility had failed to invite the resident to participate in Care Plan meetings. Resident #79 was admitted to the facility on September 25, 2012, with diagnoses including Chronic Kidney Disease Stage 3, Chronic Obstructive Pulmonary Disease (COPD), and Pulmonary Fibrosis. Medical record review of the last two Minimum Data Sets (MDS) dated March 12, 2013 and May 30, 2013, revealed the resident had scored a 15 out of 15 on the BIMS (Brief Interview for Mental Status) indicating the resident was cognitively intact. Medical record review of Social Services notes dated March 12, 2013 and May 30, 2013, revealed "...pt scored 15/15 on BIMS assessment indicating cognitively intact..." Medical record review of a Patient Care Plan Approval Form dated March 19, 2013 and June 6, 2013, revealed "...3. If participation is by the legal representative rather than the patient, please check reasons why the patient did not participate:...b. level of confusion..."	F 280		

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F 280	Continued From page 3 Interview with the Social Services Director and Social Worker #1 on July 31, 2013, at 10:38 a.m., in the Social Services Director's office, revealed Social Worker #1 was responsible for inviting the resident and the resident's family to participate in care Plan meetings. Continued interview with Social Worker #1 revealed all residents are to be invited to participate in Care Plan meetings if the resident is cognitively intact and "...able to make their needs known..." Further interview with Social Worker #1 confirmed the resident was cognitively intact and was able to make needs known, and confirmed the facility had failed to invite the resident to Care Plan meetings.	F 280	1. All observations cited were corrected prior to a follow-up inspection by a survey team member which was conducted before the survey team completed their site visit. At no time were patients at or exposed to any risk of food-borne illness.	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide sanitary storage areas in the kitchen and failed to cover hair to prevent food contamination. The findings included: Observation and interview during the inital tour in	F 371	2. No residents were found to be affected by the same occurrence. 3. An in-service will be conducted by the Dietary Manager for all Dietary staff by 8/31/13 addressing the proper method to restrain head and facial hair. An in-service will be conducted by 8/31/13 by the consultant Dietician addressing the importance of attention to detail when cleaning equipment. 4. NHC Athens will schedule the Maintenance Director to empty, clean, and purge the piping on the ice machine every 6 months. The NHC Eastern Region Dietician will do unannounced sanitation-related site visits each quarter for the next year.	8/31/13

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F 371	Continued From page 4 the dietary department, on July 29, 2013, at 9:15 a.m., with the facility Chef revealed: a red tinged substance on the white shield in the ice machine; a rack of trays of juice in the juice cooler had spilled juice dried on each rack and the sides of the rack; a brown/black substance on the back wall of the juice cooler; a drawer with utensils stored next to the juice cooler had food debris on the inside bottom of the drawer; a set of four plastic drawers with utensils stored had food debris inside the bottom of the drawers; and the drip tray for the stove burners had a large amount of food debris. Interview during the inital tour with the Chef confirmed the above areas were not sanitary. Observation on July 30, 2013, at 1:10 p.m., in the kitchen on the clean side of the dishwasher, revealed dietary worker#1 had a beard, and was wearing the beard net down under the chin. Observation and interview on July 30, 2013, at 1:12 p.m., with the facility Chef in the kitchen, revealed Dietary Worker #2 had a long braid hanging down the left side of the front of the uniform. Interview with the Chef confirmed the dietary workers were required to cover the hair to prevent food contamination.	F 371	The findings of these visits will be reported to the monthly QA meeting attended by the Administrator, DON, social services, Health Information, Dietary, environmental services and the Medical Director.	

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